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DEPARTMENT OF LABOR
WORKERS' COMPENSATION DIVISION

DOL FORM 28
State File No. _____
Ins. Co. File No. _____
Date of Injury _____
Fed. ID No. _____
Social Sec. No. _____

FY-03 Rev 5/05

NOTICE OF CHANGE IN COMPENSATION RATE
(for INJURIES AFTER JULY 1, 1986)

RE: _____ v. _____
(Employee) (Employer)

Check type of agreement involved: ☐ Temporary Total ☐ Permanent Total ☐ Fatal
☐ Temporary Partial ☐ Permanent Partial

- Write in the employee's compensation rate effective June 30, 2002.
(Not including dependent's benefits.) \$ _____
- Multiply line 1 by 1.044 and write in the result, but not more than the maximum rate of \$865 or less than the minimum of \$288. (see **REMINDER** below)

ANY CLAIM WHERE THE EMPLOYEE RECEIVED THE MAXIMUM ON JUNE 30, 2002, THE NEW MAXIMUM SHALL BE ENTERED HERE SUBJECT TO EMPLOYEE'S AVERAGE WEEKLY WAGE. \$ _____
- For Temporary Total Disability cases ONLY, multiply the number of dependents under the age of 21 by \$10 and write in the result. \$ _____
- Write in the TOTAL of lines 2 and 3. This is the new compensation rate for the year beginning July 1, 2002. \$ _____

REMINDER: FOR INJURIES AFTER JULY 1, 1994, THE COMPENSATION RATE CANNOT EXCEED THE WEEKLY NET INCOME.

Maximum rate is \$865 and the minimum rate is \$288 (not including dependent's benefits) for the year beginning July 1, 2002.

This is an amendment to the original Temporary Total, Temporary Partial, Permanent Partial, Permanent Total, or Fatal agreement.

_____ Insurance Company or Self-Insured	_____ Date
_____ Claims Adjuster's Signature	_____ Title
_____ Commissioner of Labor/Designee	_____ Date

Instructions to insurance company or self-insurer: Complete above. Increase the weekly compensation rate beginning July 1, 2002. File **three (3) copies** with the Department of Labor before July 15, 2002. After the change has been approved, provide copies 2 and 3 to the carrier and the claimant.